

(DETACH INSTRUCTIONS BEFORE FILING)

**U.S. DEPARTMENT OF TRANSPORTATION**  
**PERFORMANCE APPRAISAL FORM**

This form shall be used for employees covered by the Performance Management and Recognition System (PMRS) (GM-13 through 15). Please refer to your organization's implementing instructions if further guidance is required.

**INSTRUCTIONS TO RATING OFFICIAL**

**1. Beginning of the Appraisal Period.**

- a. List the most important job elements in Section G, "Job Element Rating" (DOT Form 3430.8A. Use one page for each job element (use attachments if necessary).
- b. If required, establish the relative importance of each job element by indicating the appropriate weight (no critical job element may receive a weight of less than 10% and the weight for non-critical job elements must range from 1-5%).
- c. Describe the Proficient performance standard for each element in accordance with your organization's implementing instructions.
- d. Attach the completed Performance Plan to the "Performance Appraisal Form" (DOT Form 3430.8) and forward to your supervisor for higher level management approval.
- e. Following the management approval process and discussion with the employee, provide a copy of the appraisal form to the employee.
- f. In order to protect the privacy of the employee, keep this form in a secured place.

**2. Progress Review.**

- a. The DOT Performance Appraisal System requires a mid-point appraisal period progress review to inform the employee of his/her performance against the elements and standards, to review the accuracy of the elements and standards and to reflect changes in the performance plan. Additional reviews may be necessary. Section B of the form must be used to document completion of the mid-point progress review. Change to the Performance Plan and comments, if any, should be stated in Section E, "Remarks."
- b. Any revision to the plan must be approved by your supervisor.

**3. The Conclusion of the Appraisal Period.**

- a. To document employee performance, complete Section G, "Job Element Rating" in accordance with your organization's implementing instructions.
- b. Check the appropriate rating for each job element in the block provided in Section G and provide description of performance above or below the Proficient level in the space provided.
- c. Use Section C to determine the summary rating. Approval of the rating of record must be obtained prior to discussing the rating of record with the employee.
- d. Certification by the rating official, approving official and employee should be recorded in Section C. Comments, if any, should be stated in Section E, "Remarks."
- e. Use Section F to identify training to assist the employee in improving job performance.
- f. When completed, transmit the original performance appraisal form to the Personnel Office and provide a copy of the completed form to the employee.



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PERFORMANCE APPRAISAL FORM**

Last Name—First Name—Middle Initial	Social Security No.	Appraisal Period	
		From	To
Title, Series and Grade		Organizational Unit and Location	

<b>A</b>	<b>CERTIFICATION OF INITIAL DISCUSSION AND APPROVAL OF PERFORMANCE PLAN</b>
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Signature of Supervisor	Title	Signature of Employee
Signature of Approving Official	Title	Date of Discussion

<b>B</b>	<b>SEMI-ANNUAL PROGRESS REVIEW</b>
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Signature of Supervisor	Signature of Employee	Date of Discussion
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<b>C</b>	<b>SUMMARY PERFORMANCE RATING DETERMINATION</b>
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- ☐ **DISTINGUISHED**—Rated Distinguished on critical elements constituting at least 70 percent of the performance plan, with no critical element rated below Meritorious.
- ☐ **MERITORIOUS**—Rated Meritorious and above on critical elements constituting at least 70 percent of the performance plan with no critical element rated below Proficient.
- ☐ **PROFICIENT**—Rated at least Proficient on all critical elements.
- ☐ **NEEDS IMPROVEMENT**—Rated Needs Improvement on one or more critical elements, with no critical elements rated below Needs Improvement.
- ☐ **UNSATISFACTORY**—Rated Unsatisfactory on one or more critical elements.

*Reason for rating:*

- ☐ End of annual cycle
- ☐ Employee reassigned
- ☐ Employee leaving agency
- ☐ Other (Specify)

Signature of Reviewing Official (if required)	Date
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I have reviewed the completed performance document and it has been discussed with me. This does not necessarily mean that I agree with all the information in it or that I forfeit any rights of review. (Comments may be entered in "Remarks")

Signature of Supervisor	Date
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Signature of Approving Official	Date
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Signature of Employee	Date
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<b>D</b>	<b>FOR OPERATING ADMINISTRATION USE</b>
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<b>E</b>	
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	<b>REMARKS</b>
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This section may be used to document discussions at the semi-annual progress review, to note changes in the performance plan, and to record comments concerning the summary rating. Remarks should be initialed and dated.

<b>F</b>	
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	<b>IDENTIFICATION OF TRAINING NEEDS</b>
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Where required, identify technical and/or management training which could assist the employee in improving job performance.